

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000222

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: THE CARIB PROJECT, INC.

## Current Principal Place of Business:

4301 ASHBY LANE  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

4301 ASHBY LANE  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THEODORE, GUILENE F  
4301 ASHBY LANE  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: THEODORE, GUILENE F  
Address: 4301 ASHBY LANE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: LABORDE, JOEL  
Address: 6101 WEBB ROAD  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: MORENCY, YVES  
Address: 234 DRIFTWOOD ROAD SE  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: BOBB-SEMPLE, RON  
Address: 9839 MORRIS GLEN WAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: D ( ) Delete  
Name: CHANNER, WILLIAM O  
Address: 10215 CONNECHUSETT ROAD  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: LLOYD, DEREK  
Address: 5112 LURGAN ROAD  
City-St-Zip: LAND O'LAKES, FL 346387655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change ( ) Addition  
Name: THEODORE, GUILENE F  
Address: 4301 ASHBY LANE  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JOSEPH, FRANCIS  
Address: 10405 BRENTFORD DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: O/D (X) Change ( ) Addition  
Name: BOBB-SEMPLE, RON  
Address: 9839 MORRIS GLEN WAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: O/D (X) Change ( ) Addition  
Name: CHANNER, WILLIAM O  
Address: 10215 CONNECHUSETT ROAD  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILENE THEODORE

O/D

04/29/2009

Electronic Signature of Signing Officer or Director

Date